

Foster Family Home - Corrective Action Report

Provider ID: 1-100072

Home Name: Girlie Bigornia, CNA

Review ID: 1-100072-4

94-442 Alapine Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 5/15/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 5/15/19. PCG requesting to increase to a 3 person bed CCFFH. Corrective Action Report issued during home inspection with all items due to CTA by 6/05/19.

6.(d)(1) - see applicable sections of the review

3 Person Staffing

3 Person Staffing Requirements

(3P) Staff

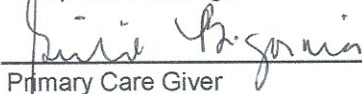
(3P)(a)(2) Staff A current Registered Nurses license and if expiring within the next 30 days, evidence of a new license and one year of experience in a home setting, substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility, per 321-483(b)(4)(E) HRS, or;

Comment:

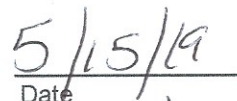
(3P)(a)(2) Staff - No documentation of job experience form for CG#2, CG#3, CG#4, CG#5, and CG#6 in home folder.



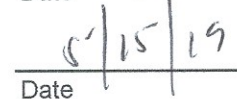
Compliance Manager



Primary Care Giver



Date



Date

Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: GIRLIE BIGORNIA

CCFFH Address: 94-442 ALAPINE ST. WAIPAHUA HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
(39)(a)(2) STAFF	CG#2, CG#3, CG#4 CG#5 AND CG#6 HAVE COMPLETED THE JOB EXPERIENCE FORM. THE FORM HAS BEEN PUT INTO HOME BINDER.	5/15/19 5/16/19 5/16/19 5/16/19 5/18/19	IN THE FUTURE PCG WILL USE THE CHECKLIST AND MAKE SURE ALL CAREGIVERS FORM WILL BE COMPLETED IN TWO WEEK BEFORE ADDED TO THE HOME.

Primary Caregiver's Signature: Girle Bigornia

Print Name: GIRLIE BIGORNIA

Date of Signature: 5/22/19